

## **Hernando Veterinary Clinic**

**Dr. R.E. Fischer**

6838 N. Carl G. Rose Hwy, Hernando, FL 34442 (352) 637-0755

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED. IN CASE OF EMERGENCY DEPOSIT MAY BE REQUESTED ALONG WITH A PROMISSARY NOTE AND A COPY OF YOUR DRIVERS LICENSE

As owner/agent for the above named pet, I give my permission for Dr Fischer or the Assistants of Hernando Veterinary Service to perform the services stated above and all other procedures, treatments, and administration of medications within accepted veterinary guidelines as deemed necessary for my pet. The nature and risks of the procedure has been explained to me, no guarantee can be made as to the results or cure of any treatment. I understand the possibility of death, as a complication of surgery or anesthesia does exist. Hernando Veterinary Services will take every action to ensure the success of every procedure.

I hereby authorize Hernando Veterinary Services to examine, prescribe for, treat or perform surgery upon my pet(s). I also consent to the administration of such anesthetics as are necessary. I further understand that veterinary service is provided during nighttime hours as necessary in the judgment of the Veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

As owner, or duly authorized agent of the owner, of the above named animal, I hereby consent and authorize Hernando Veterinary Service to receive, prescribe, treat or operate on this animal. I also agree to pay in full for any services when rendered.

I certify that all the information provided is correct. I/we understand that if there is an outstanding balance that I am responsible for the payment of that balance. Furthermore, that the credit grantor may add one and one half percent (1 ½%) per month to any balance owed, and I the event of a default to pay. I authorize the addition of collection charges and/or reasonable attorney fees. In the event that an account is remitted to a collection agency, payment must be made through them.

Prescriptions: Hernando Veterinary Services does its best to provide access to all prescription medications through our office and/or home pharmacy (this includes heartworm prevention). We reserve the right to request a nominal prescription fee for any request to grant prescription approval from other sources, or deny these requests for prescriptions to be filled by any pharmacy that does not have a valid/verifiable U.S. origin.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement will remain in effect as long as a doctor/client/patient relationship is in effect or when cancelled, in writing, by the doctor or client.

# Client Information Sheet

Please fill out before your first visit.

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Who Referred you to us? \_\_\_\_\_

Remember your email is used for reminders, ordering refills, and viewing your pet's record online.

We do not sell or share your email, and you can adjust the emails you receive from our online account.

## Pets

Pet name: \_\_\_\_\_ Age/birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Cat/Dog/Ferret: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip: \_\_\_\_\_

Reason for first visit? \_\_\_\_\_

Pet name: \_\_\_\_\_ Age/birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Cat/Dog/Ferret: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip: \_\_\_\_\_

Reason for first visit? \_\_\_\_\_

Pet name: \_\_\_\_\_ Age/birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Cat/Dog/Ferret: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip: \_\_\_\_\_

Reason for first visit? \_\_\_\_\_

Pet name: \_\_\_\_\_ Age/birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_

Cat/Dog/Ferret: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip: \_\_\_\_\_

Reason for first visit? \_\_\_\_\_